

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Margaret Wood Hassan			2. Candidate's FEC Identification Number S6NH00091		
(b) Address (number and street) PO Box 298			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Concord, NH 03301			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate		6. State & District of Candidate NH	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Maggie for NH
(b) Address (number and street) PO Box 298
(c) City, State, and ZIP Code Concord, NH 03302

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Maggie Hassan Victory Fund
(b) Address (number and street) PO Box 75357
(c) City, State, and ZIP Code Washington, DC 20013

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 1/21/16
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Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C 437g.

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FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

FEC FORM 2 (REV. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Bring Back Sense to the Senate 2016

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington, DC 20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Off the Sidelines Senate 2016

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington, DC 20003

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Hand Delivered

201602010200023301

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

1-29-16

USPS FIRST CLASS MAIL

Date of Receipt

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PREPARER

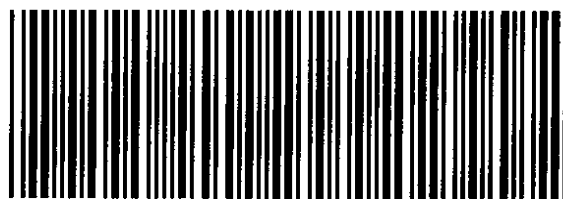
DH

DATE PREPARED

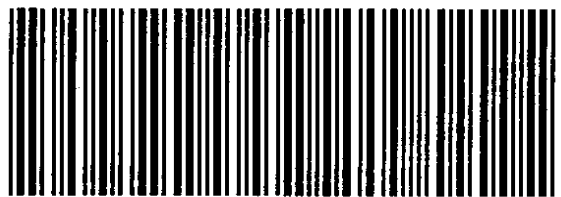
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2/28/2015

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